Why does mode of conception affect early breast-feeding outcomes? A retrospective cohort study

Shiue-Shan WENG1,2; Li-Yin CHIEN1; and Min CHANG3\*

**Additional file 2:**

**Supplementary Table 1**

*Coefficient estimations in models for mediators and mode of conception as independent variables*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Potential mediators** | **Mode of conception (reference= Fertile women)** | | |  |
| **Sub-fertile women** |  | **Women with infertility** |  |
| Pregnancy complications |  |  |  |  |
| No | 0.00 (Reference) |  | 0.00 (Reference) |  |
| Yes | 0.188 |  | 0.01 |  |
| Delivery complications |  |  |  |  |
| No | 0.00 (Reference) |  | 0.00 (Reference) |  |
| Yes | 0.207\* |  | 0.534\*\* |  |
| Multiple gestation |  |  |  |  |
| No | 0.00 (Reference) |  | 0.00 (Reference) |  |
| Yes | 1.984\*\* |  | 3.016\*\* |  |
| Low birth weight |  |  |  |  |
| ≥ 2,500 g | 0.00 (Reference) |  | 0.00 (Reference) |  |
| < 2,500 g | 0.456\*\* |  | 1.081\*\* |  |
| Preterm |  |  |  |  |
| ≥ 37 weeks | 0.00 (Reference) |  | 0.00 (Reference) |  |
| < 37 weeks | 0.466\*\* |  | 0.6735\*\* |  |
| Admission to NICU/PICU |  |  |  |  |
| No | 0.00 (Reference) |  | 0.00 (Reference) |  |
| Yes | 0.466\*\* |  | 0.6735\*\* |  |

*Note.* \* *P* < .05, \*\* *P* < .001; *ART*, assisted reproductive technology; *NICU/PICU*, neonatal intensive care unit/paediatric intensive care unit. Coefficient estimates were generated by multinomial logistic regression and adjusted for maternal age, maternal occupational status, abortion history, parity, and pre-existing diseases.

**Supplementary Table 2**

*Coefficient estimations in models for breast-feeding outcomes and mediators as independent variables*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Potential mediators** | **Timing of introduction of formula with continued breast feeding (reference = no introduction of formula)** | | | |  | **Duration of exclusive breast feeding**  **(reference =2 months)** | | |
| **< 1 week** | **1 week** | **1 month** | **2 months** |  | **< 1 week** | **1 week** | **>1 week to <2 months** |
| Pregnancy complications |  |  |  |  |  |  |  |  |
| No | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| Yes | 0.812\*\* | 1.096\*\* | 0.12 | -0.44 |  | 0.979\*\* | 0.25 | 0.41 |
| Delivery complications |  |  |  |  |  |  |  |  |
| No | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| Yes | 0.870\*\* | -0.523\*\* | -0.291\* | -0.01 |  | 0.776\*\* | -0.338\*\* | 0.529\*\* |
| Multiple gestation |  |  |  |  |  |  |  |  |
| No | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| Yes | 2.067\*\* | -0.71 | -0.11 | -11.19 |  | 2.284\*\* | -0.46 | 1.05 |
| Low birth weight |  |  |  |  |  |  |  |  |
| ≥ 2,500 g | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| < 2,500 g | 1.065\*\* | 0.42 | 0.16 | -10.51 |  | 1.081\*\* | 0.39 | 0.853\*\* |
| Preterm |  |  |  |  |  |  |  |  |
| ≥ 37 weeks | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| < 37 weeks | 1.052\*\* | 0.05 | -0.04 | -0.87 |  | 1.036\*\* | -0.04 | 0.770\*\* |
| Admission to NICU/PICU |  |  |  |  |  |  |  |  |
| No | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |  | 0.00 (Reference) | 0.00 (Reference) | 0.00 (Reference) |
| Yes | 3.798\*\* | 2.198\*\* | -0.36 | 0.62 |  | 3.748\*\* | -0.23 | 3.671\*\* |

*Note.* \* *P* < .05, \*\* *P* < .001; *ref.*, reference group; *NICU/PICU*, neonatal intensive care unit/paediatric intensive care unit. Coefficient estimates were generated by binary or multinomial logistic regression and adjusted for mode of conception, maternal age, maternal occupational status, abortion history, parity, and pre-existing diseases.